

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

408563

FILING DATE

3-22-95

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8		1				
9	1					
10	1					
11	1					
12		1				
13	1					
14		1				
15	1					
16	4					
17	1					
18		1				
19	1					
20	1					
21	1					
22		1				
23	1					
24	1					
25	1					
26	4					
27	4					
28	3					
29	3					
30	3					
31	3					
32	3					
33	3					
34	1					
35		1				
36	1					
37	1					
38	1					
39		1				
40	1					
41	1					
42	1					
43		1				
44	1					
45	1					
46	1					
47	1					
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	66	↔	↔	↔		
TOTAL CLAIMS	66	↔	↔	↔		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS		↔	↔	↔				